



## Los Angeles County Commission for Women (LACCW) EVENT FUNDING REQUEST FORM

All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request

Name of Commissioner(s)	Los Angeles County District
Commissioner: Ruth Creary	2 <sup>nd</sup> District
Amount Requesting:\$750	
Purpose of Usage: Ticket(s) Donation Other (specify) Community Education	tion Project
Organization's Name: \$650 for refreshments to Chef Marievent support to Charles R. Drew Medical Auxiliary	lyn's Catering and \$100.00 for
Address: <b>Event to take place at the First A.M.E.Church</b> 2270 So. Harvard Blvd., Los Angeles, CA 90018	
Street City	Zip
Telephone Number: <u>323.730.7721, 3xt. 9182</u> FAX Num	iber:
Website Address: E-mail: <b>Fa</b> Contact Person (Name and Position): Brenda Elliot White	nmechurch.org: web site
Event Information – Name, Time and Location:	
Event Info: 2 <sup>nd</sup> District Women Community Health Sympo and Souls" First A.M.E. Church 2270 So. Harvard Blvd. Los Angeles, CA 90018 Plaza Level	sium: "Healthy Hearts, Bodies

Event Information – Purpose and Goals: (Event publicity materials may be included (optional)

Purpose and Goals: Public Information/education program to educate women on the essential elements of proper diet, food preparation, and exercise programs, as well as information to spread the word on heart disease and stroke so that the incidence of heart disease and stroke in African American and Latina women will begin to decrease.

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Constituency served: All ages and all social economic status groups within the  $2^{nd}$  District of Los Angeles County are invited. Special emphasis on the obese woman and others, who will be able to spread the word on these top one and third or fourth cause of death in the USA.

How will your attendance or donation to this event benefit the LACCW?

This educational program is highly recommended by the Commission for each Supervisorial District and will fulfill one of our objectives to provide appropriate education information in our communities.

No (), this	ted in this event before representing the LACCW? s the first time. e attended prior to this one. Year(s):
event, time, and an occasions.	ion received donation fund from LACCW before? If yes, please specify the tount of donation. If more than once, please specify the two most recent
	n:
Second Occasion	Please send this form to:
Second Occasion	
	Please send this form to: Los Angeles County Commission for Women 500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012 PH: 213-974-1455 FAX: 213-633-5102 E-mail: rrangel@bos.lacounty.gov
For CW Office On (Yes_) (No_)	Please send this form to: Los Angeles County Commission for Women 500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012 PH: 213-974-1455 FAX: 213-633-5102 E-mail: rrangel@bos.lacounty.gov
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Reason for Rejection Approved 9/13/10